

**Procopio
Cory
Hargreaves
& Savitch
LLP**
Founded 1946

530 B Street, Suite 2100, San Diego, California 92101-4460
Telephone: (619) 238-1900 • FAX: 619-238-0988
www.procopio.com

**RECEIVED
CENTRAL FAX CENTER
DEC 08 2004**

FACSIMILE TRANSMISSION**DATE: December 8, 2004****TOTAL PAGES, INCLUDING COVER: 9****To:**

NAME:	FACSIMILE NO.	TELEPHONE NO.
Commissioner for Patents Examiner Gabriel I. Garcia GAU 2624	703-872-9306	

FROM: Pattric J. Rawlins**RE: U.S. Patent Application No. 10/787,330****CC:****MESSAGE:**

Attached are Transmittal form, fee transmittal and reply under 37 CFR 1.111

CONFIDENTIAL INFORMATION

PLEASE NOTE: The information contained in this facsimile message is privileged and confidential; and it is intended only for the use of the individual(s) named above, and others who have been specifically authorized by such individual(s). If you are not the named recipient(s) or authorized by the named recipient(s), you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone ((619) 238-1900) and return this facsimile message to the sender via the U.S. Mail (530 B Street, Suite 2100, San Diego, California 92101). Thank you.

Please deliver the accompanying document(s) as soon as possible to the addressee. If a problem occurs in transmission, please telephone immediately (619) 238-1900.

Client Name: Aperio Technologies
Client/Matter No.: 110630.000016
Equitrac No: 8065

PTO/SB/21 (09-04)

Approved for use through 07/31/2006 OMB 0851-0031

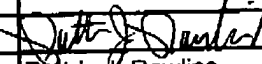
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/787,330
	Filing Date	02/26/2004
	First Named Inventor	Eichhorn et al.
	Art Unit	2624
	Examiner Name	Gabriel I. Garcia
	Attorney Docket Number	110630-016
Total Number of Pages in This Submission		

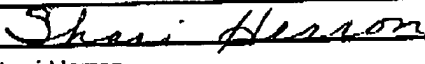
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Procopio, Cory, Hargreaves & Savitch LLP		
Signature			
Printed name	Patric J. Rawlins		
Date	12/08/2004	Reg. No.	47,887

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Shari Herron	Date	12/08/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

American LegalNet, Inc.
www.USCourtForms.com

PTO/SB-17 (11-04)

Approved for use through 07/31/2008 OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 10/01/2004. Patent fees are subject to annual revision.

**FEE TRANSMITTAL
for FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

Complete If Known

Application Number	10/787,330
Filing Date	02/26/2004
First Named Inventor	Eichhorn et al.
Examiner Name	Gabriel I. Garcia
Art Unit	2624
Attorney Docket No.	110630-016

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
Account
Number 50-2075Deposit
Account
Name Procopio, Cory, Hargreaves &
Savitch LLP

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☐ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify): _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$0.00

FEE CALCULATION (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20	18	9	
Each independent claim over 3	88	44	
Multiple dependent claims	300	150	
For Reissues, each claim over 20 and more than in the original patent	18	9	
For Reissues, each independent claim more than in the original patent	88	44	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	= 0.00	
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	= 0.00	
HP = highest number of independent claims paid for, if greater than 3			
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	

Subtotal (2) \$0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			

Subtotal (3) \$0.00

SUBMITTED BY

Signature

Registration No. 47,887
(Attorney/Agent)

Telephone 619-238-1900

Name (Print/Type) Patricia J. Rawlins

Date 12/8/2004

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE.

AmericanLegalNet, Inc.
www.USCourtForms.co

RECEIVED
CENTRAL FAX CENTER

DEC 08 2004

Serial No. 10/787,330
8 Dec 2004 Reply to
8 Nov 2004 Office Action

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/787,330
Applicant: Eichhorn
Filed: February 26, 2004
Title: **IMAGE PROCESSING AND
ANALYSIS FRAMEWORK**
Art Unit: 2624
Examiner: Garcia, Gabriel I.
Docket No.: 110630-016

Certificate of Transmission (37 C.F.R. §1.8a)

I hereby certify that this paper is being transmitted by facsimile on the date shown below to the United States Patent & Trademark Office centralized facsimile number (703) 872-9306.

12/8/04 Shari Herron
Date Shari Herron

Reply Under 37 C.F.R. § 1.111

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is in response to the Office Action mailed November 8, 2004.

Restriction requirement

Allowance of the above identified application is respectfully requested in view of the following Amendment and Remarks, where:

Amendments to the Claims begin on page 2 of this paper; and
Remarks begin on page 5 of this paper.